Jefferson Laboratory	Approved date: 11/23/05	Effective date: 11/30/05
Title:	**Independent Assessment Procedure**	

1.0   Purpose

This procedure describes the steps that must be included during independent assessments (IA), audits, and surveillances that are performed by JLab. Independent Assessments identify improvement opportunities and provide management and staff with an independent overview of laboratory performance. Corrective/improvement actions are planned in response to issues identified by the assessment. These actions are tracked to completion/closure and evaluated for effectiveness.

SURA/DOE Contract provisions (see Clauses I.83, I.74, H.32 and I.74) as well as the Lab's ISMS Program Plan (section II.C(5)) require an effective assessment program. This procedure addresses that requirment by defining a procedure for conducting the independent assessment component of the assessment program.

2.0   Scope/Applicability

This procedure applies to all independent assessments, audits, and surveillances planned or carried out at JLab by JLab staff. It applies to IAs that include as assessment team members DOE or other non-lab staff if JLab staff plan the assessment. It may be used for IAs planned and carried out independently of JLab staff by DOE or other external entities, but is not required in those cases. When audits and surveillances are conducted, rather than assessments, the extent of the documentation and of the reviews should be modified appropriately.

3.0   Responsibilities

    3.1   The Laboratory Director:

        3.1.1   Approve the annual Integrated Assessment Schedule (IAS).

        3.1.2   Approve all completed IAs. Upon completion of the Director's review, forward the completed IA Report to the Office of Performance Assurance (OPA) for retention and distribution.

    3.2   Associate Directors and the Laboratory Director:

        3.2.1   Ensure their personnel cooperate with those doing IAs.

        3.2.2   Ensure factual accuracy checks on draft IA reports are completed on time.

        3.2.3   Ensure issues identified by IAs and entered into CATS are addressed in a timely way. Findings must be corrected. Observations/opportunities for improvement should be considered for implementation, but line management decides whether or not to implement these actions.

    3.3   The Office of Performance Assurance Director:

        3.3.1   By August 15 of each year provide division management with a proposed list of IA topics for the coming year. Incorporate feedback from the ADs in the IA schedule for the year.

3.3.2   By September 15 prepare the Integrated Assessment Schedule for Director approval and signature. This schedule combines the schedule for Independent Assessments and the division management self assessment schedules.

3.3.3   At least quarterly, perform trend analysis on assessment-identified items tracked in the Corrective Action Tracking System and report the results of this trend analysis to the Director's Safety Council. Trend analysis will include risk assessment.

3.3.4   Review all IA reports for quality, comprehensiveness and credibility and provide the appropriate endorsement. Forward the endorsed IA to the Director.

3.3.5   On a semi-annual basis, evaluate the Independent Assessment and Management Assessment programs to determine the balance and application of each type needed to ensure the assessments improve and add value to the Lab. Report results to the Director's Safety Council.

3.3.6   Maintain the completed IA Reports on file; make them available on the web.

3.3.7   Provide electronic copies of the completed reports to the following:
- Director,
- Director's Council,
- PAAA Coordinator,
- Lessons Learned Coordinator,
- Laboratory Staff directly involved with an assessment.

3.4   Lead assessors assigned to conduct IAs:

3.4.1   Familiarize themselves with the contents of this procedure, including Attachment A, *Independent Assessment Flow Chart*.

3.4.2   Plan the IA using Attachment B as a guide and document the results in an assessment plan. The plan should address the following: description of areas, processes, and procedures to be evaluated; evaluation tools and performance measures to be used; identification of the team leader and members; planned start and completion dates, including issuance of report. Team members may participate in planning.

3.4.3   Conduct the IA and report results in accordance with Attachment C. Submit the IA report for review and approval. Include any assessment planning documentation (Attachment B as a minimum). Ensure findings and observations/opportunities for improvement are entered into CATS and include the CATS sequence numbers in the report.

4.0 Process

4.1   Upon receipt of a request for an independent assessment or according to the Integrated Assessment Schedule, the Director, Office of Performance Assurance will assign

appropriate staff to conduct the evaluation. Requests can be generated from Laboratory personnel or external oversight organizations. Resource constraints may limit the number of independent assessments that can be completed. A decision not to honor a request for an independent assessment must be approved by the Director.

4.2 Plan IAs using Attachment B, *IA Plan Template* as a guide. The completed plan for each IA shall be submitted and maintained with the completed assessment. The Office of Performance Assurance will maintain a log of IAs and will assign a unique number to each when the planning phase is initiated.

4.3 Personnel possessing demonstrable experience in the conduct of formal assessments or audits and/or technical qualification and knowledge in the areas being assessed plan and perform independent assessments.

Documentation attesting to personnel qualification shall be by Memorandum from the Director, OPA and recorded in the Lab's training/qualification database.

4.4 Perform IAs in accordance with the documented plan.

4.4.1 Often a team will perform the IA, but a single person may do the assessment.

4.5 Report the results in accordance with the format of Attachment C, *IA Report Template*.

4.5.1 Upon completion of the assessment, the assessor will prepare and distribute a draft final report to the assessed organization(s).

4.5.2 The assessed organization(s) will have five (5) business days to conduct a factual and technical accuracy review of the draft final report.

4.5.3 After final concurrence of all findings and assessment report results, the assessor will publish the final report and enter findings and observations into the Corrective Action Tracking System.

4.5.4 Completed Independent Assessment Reports and associated documentation will be maintained and distributed by the OPA.

4.6 Items requiring corrective action will be documented on Attachment D, *IA Corrective Action Form*. The form will be used by OPA to enter the items into CATS. Copies should be included with the final report.

4.6.1 Items requiring follow-up activities shall be entered into CATS for traceability of issues identified in the assessment process and corrective actions implemented to correct or improve performance.

4.7 Follow-up the IAs as necessary to ensure effective corrective action has occurred. The reporting process requires the identification of follow-up activities. Follow-up actions will be assigned dates and a responsible individual via CATS. OPA will track completion of corrective actions.

4.8 Provide feedback**,** as appropriate, to the organization(s) assessed. The assessment report is one form of feedback, but one-on-ones, department meetings, *etc*. may also be used to feed back IA results.

4.9 Issues identified in IAs should be a focus of OPA walk-arounds, surveillances, *etc*. just as the results of those should suggest topics for future IAs.

5.0 References

Jefferson Lab Quality Program Manual

6.0 Definitions and Abbreviation/Acronyms

CATS is the Lab's Corrective Action Tracking System used to document findings and observations, the proposed corrective actions and their completion.

Causal Analysis is a process by which the fundamental cause of an observation or finding is determined. There are several methodologies for reaching this determination, but they all share the common assumption that an observation or finding should be reviewed in the broadest context practicable so that those elements that resulted in the finding or observation can be fully addressed in the corrective action.

Compensatory Measures are short-term measures that are implemented when findings have high risk and when the long term corrective action will take an immoderate amount of time to put in place. An example of a compensatory measure is putting a fire watch in place in a building that does not have an approved sprinkler system.

Corrective Actions are actions taken to correct the deficiencies identified in the report of findings and observations.

Factual Accuracy Review is an opportunity for the organization that was assessed to review the draft report to determine if assessment findings, observations and discussion in the report are accurate as recorded.

Findings are detected noncompliances with mandatory requirements.

IA is Independent Assessment.

Managers are personnel responsible for a process, a program, or an organization.

Observations/Opportunities for Improvement are deviations from best management practices or minor deviation from procedural requirements that are isolated and considered to be a "quick fix."

OPA is the Office of Performance Assurance in the EH&S Division at JLab.

Noteworthy Practices are positive aspects of a program that could be used as a model for other similar programs across the Lab

Programs consist of multiple interdependent systems, which often require many interfaces to provide the desired product or service. An example of a program is the Surveillance and Maintenance program. Assessments of programs are used to determine whether overall organizational programs are properly established and implemented.

Systems are made up of two or more processes that may operate independently or are interdependent and may yield a complete product or service. Assessments of systems focus on whether appropriate leadership and support systems are provided to enable the implementation of work processes.

*Validation—*Reviewing actions to ensure that they corrected the cause of the identified problem.

*Verification—*Reviewing actions to ensure that they were completed.

Work Processes or processes are collections of steps or actions that yield some intermediate outcome; work processes are the discrete elements documented work plans. Assessments of processes involve the examination and verification that work controls are being implemented effectively.

7.0 Attachments

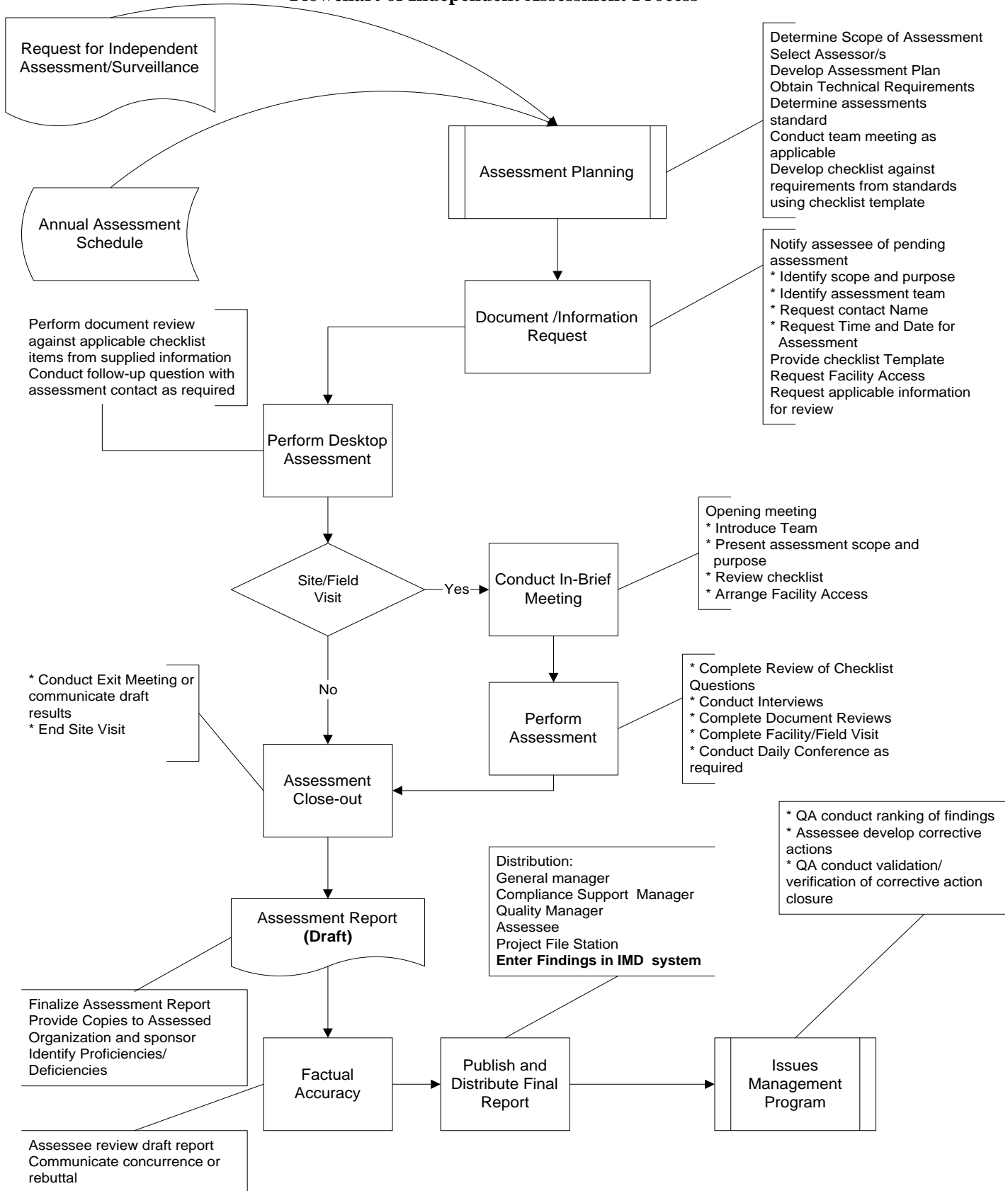**7.1 Attachment A** – Independent Assessment Flow Chart
7.2 Attachment B - IA Plan Template
7.3 Attachment C - IA Report Template
7.4 Attachment D - IA Corrective Action Form

ATTACHMENT A
Flowchart of Independent Assessment Process

Request for Independent Assessment/Surveillance

Annual Assessment Schedule

Assessment Planning

Determine Scope of Assessment
Select Assessor/s
Develop Assessment Plan
Obtain Technical Requirements
Determine assessments standard
Conduct team meeting as applicable
Develop checklist against requirements from standards using checklist template

Document /Information Request

Notify assessee of pending assessment
* Identify scope and purpose
* Identify assessment team
* Request contact Name
* Request Time and Date for Assessment
Provide checklist Template
Request Facility Access
Request applicable information for review

Perform document review against applicable checklist items from supplied information
Conduct follow-up question with assessment contact as required

Perform Desktop Assessment

Site/Field Visit — Yes — **Conduct In-Brief Meeting**

Opening meeting
* Introduce Team
* Present assessment scope and purpose
* Review checklist
* Arrange Facility Access

No

Perform Assessment

* Complete Review of Checklist Questions
* Conduct Interviews
* Complete Document Reviews
* Complete Facility/Field Visit
* Conduct Daily Conference as required

* Conduct Exit Meeting or communicate draft results
* End Site Visit

Assessment Close-out

Assessment Report (Draft)

Distribution:
General manager
Compliance Support Manager
Quality Manager
Assessee
Project File Station
Enter Findings in IMD system

* QA conduct ranking of findings
* Assessee develop corrective actions
* QA conduct validation/ verification of corrective action closure

Finalize Assessment Report
Provide Copies to Assessed Organization and sponsor
Identify Proficiencies/ Deficiencies

Assessee review draft report
Communicate concurrence or rebuttal

Factual Accuracy → **Publish and Distribute Final Report** → **Issues Management Program**

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IA ASSESSMENT PLAN TEMPLATE

Date_____

Assessment Title _____   Assessment # _____ (obtained from OPA)

I.   Purpose & Scope:
Should include a brief, concise statement defining the areas, procedures, processes, etc. that will be assessed. Note any special requirements or limitations. State the planned start and finish date for the assessment.

II.   Definitions
In most assessments it is convenient to categorize results into findings, observations, and noteworthy practices. Whatever categories you plan to use should be defined here, e.g.,
Finding - non-compliance with a *requirement.*
Observation/Opportunity for Improvement - deviation from best management practices or minor deviation from procedural requirements that are isolated and considered to be a "quick fix."
Noteworthy Practice - Positive aspects of a program that could be used as a model for other similar programs across the Lab.

III.   Requirements
Describe the requirements against which the assessment will be made. These could include DOE orders, EH&S Manual chapters, Work Smart Standards, work control documents (SOPs, TOSPs) division or department goals, DOE/SURA contract metrics, etc.

IV.   Team Members
A list of the personnel doing the assessment. The lead assessor should be indicated.

V.   Specific Areas Being Assessed
This section should include a list of the people to be interviewed, documents to be reviewed, work evolutions to be observed, etc.

VI.   Final Report
State who is responsible for writing the assessment report, who will review it and the date it will be forwarded to the cognizant AD.

Prepared by _____   Date _____
                         Lead Assessor

IA REPORT TEMPLATE

ASSESSMENT NO. _____

TITLE _____

Purpose & Scope:

Insert the scope and purpose developed during planning. Should include a brief, concise statement defining the area, procedure, work plan, boundaries and any special requirements or limitations. Include the assessment duration and team. If the purpose or scope changed from that stated in the plan, note the differences.

Summary of Assessment:

Provide a narrative summary of areas assessed. Description is to include adequate details to enable an independent reviewer to comprehend the depth and breadth of the assessment. Details to include key elements of the assessed activity or process and the status of their acceptability. When applicable, define the status of implementation of actions related to previous issues relevant to the assessed area.

Results:

Define the issues (findings, observations, noteworthy practices) identified during the assessment. All findings require corrective action to eliminate the non-conformance. Cognizant management will decide whether or not to pursue corrective actions for observations. Issues with corrective actions should be documented on a Corrective Action Form (Attachment D) and entered into CATS; the CATS identification number should be included in the report. Identify the status of each issue (open, pending or closed), issue owner, and estimated completion of required corrective and/or preventive actions. Clearly state all required follow-up actions with due dates and owners.

Effectiveness Evaluation:

State the team's conclusion on effectiveness of the area or activity assessed. When applicable, discuss the implementation of previous corrective or preventive actions in the assessment effectiveness statement.

Approval:

Performed: _____   Date:_____
     Lead Assessor

Reviewed: _____   Date:_____
     Director, Office of Performance
     Assurance

Reviewed: _____   Date:_____
     Associate Director, EH&S

Approved:_____   Date:_____
     Director, Jefferson Laboratory

ATTACHMENT D

IA CORRECTIVE ACTION FORM

Assessment Title	Assessment No.
Requirement	
Finding or Observation	
Recommended Corrective Action	

Responsible Person	Expected Completion Date